

## Face Lifting Operations in Men

AS A RESULT of increased acceptance by men of surgical operations for cosmetic purposes, more and more face lifting operations are being done. This procedure now is done on men from all walks of life, from executives to laborers. Most of these patients are over 40 years old. Many are balding. This is where ecology comes into play. In usual face lifting operations a portion of the scalp is discarded when the facial tissues are lifted. Instead of discarding this hair-bearing tissue, it can be used for donor plugs or strips in the hair transplant process. This eliminates the necessity for removing the donor plugs from the back of the head—a process almost as time consuming as the face lift itself. This combined procedure has been well accepted by many men.

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## Continuous Compression Treatment of Hemangiomas

MOST HEMANGIOMATA on the skin of newborn children will resolve or regress significantly by the second year of life. In a smaller proportion of these congenital tumors, aggressive treatment may be required because of their location (such as the neck) or complicating factors (such as anemia due to blood sequestration). Most of these lesions are enlarging masses that discolor and distort the skin wherever they are present. They are understandably a very distressing problem for parents who are reluctant to accept temporizing treatment.

In 1964, Moore reported the successful treatment of a patient with a giant hemangioma by a pressure technique. This technique, readily applied to congenital enlarging hemangiomas on the extremities and most of those on the trunk, can be accomplished with the use of an elastic compression bandage applied and changed by the parents three times a day.

In one of the author's cases, a massive hemangioma involving the foot up to the knee was successfully treated to complete resolution in less than eight months. The compression treatment could logically be extended to treat and thus hasten resolution of some of the more trouble-

some and frequently occurring tumors on the head and perineum.

The mechanism of action of the compression treatment is the stasis and ultimate thrombosis of the extensive serpentine labyrinth of small blood vessels.

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## Breast Reconstruction After Radical Mastectomy

BREAST RECONSTRUCTION following radical mastectomy has become an accepted procedure during the past few years. Even the most conservative surgeons are allowing their patients to have reconstructive procedures done. It is now considered that these operative procedures do not alter patients' ultimate survival rate.

Approximately 70,000 mastectomies are done every year but not all patients are suitable candidates for a reconstructive procedure. The most important consideration is curing the patient of her tumor. However, many women are not satisfied to go through the remainder of their life with the resultant deformity. From the reconstructive surgeon's standpoint, a woman who has had a modified radical mastectomy is a better candidate for reconstruction than someone who has had the classical radical mastectomy with the removal of all of the pectoralis muscles.

Before any reconstructive procedure is undertaken, the patient's expectations must be carefully determined by the reconstructive surgeon. It should be emphasized that a perfect cosmetic result cannot be obtained; most women, however, do not expect it, they only wish to be able to lead normal lives and wear clothes in a normal manner.

The most common technique used is the reconstruction of the mastectomized breast using a silicon prosthesis. This reproduces the contour in the area of the operation. In addition, some patients often wish further reconstruction to form a semblance of an areola and a nipple. This can be done either by using a portion of the opposite nipple and areola or using a labia minora graft. If the remaining breast is small and there is no evidence of any pathological process, either on